

points 4 life

# Evaluating innovation in health and wellbeing



**Population survey: March 2010**

# Executive summary

points4life is a public sector loyalty card scheme using knowledge and technology from the private sector, where many loyalty programmes run very successfully. The programme aims to improve health and tackle health inequalities in Manchester by encouraging people to make positive and healthy choices. This will be achieved by awarding points to participants for making positive choices that will be redeemable against a range of healthy goods and services.

points4life is being evaluated to assess if the programme is successful and can be rolled out more widely to other geographical areas. The evaluation is based on a review of published literature and points4life project documentation; regular collection, monitoring and analysis of management information and points4life datasets; interviews and workshops with key stakeholders; an online survey of members of the points4life programme; a survey of the sample of the population of Manchester; and focus groups and interviews with service users and potential users of the points4life programme.

This report provides the findings of the first of two large scale surveys of Manchester residents, carried out as part of the evaluation to provide us with a baseline of Manchester residents' views. The face-to-face survey was carried out in October and November 2009. A follow-up survey in October 2011 will examine the extent to which attitudes and behaviours have changed as a result of the programme. The aim of the population survey is to explore:

**Health and quality of life in Manchester:** respondents' views on their overall level of health and quality of life;

**Diet and physical activity in Manchester:** behaviours and attitudes in relation to diet and physical activity;

**Attitudes towards and responsibility for health:** respondents give their views about the importance of their health;

**Awareness and marketing of points4life:** the extent to which respondents have an awareness of, and interest in, Change4Life and the concepts underpinning points4life; their overall perceptions of loyalty cards and their preferences for how they would like to access information about points4life.

The survey also aims to generate data which can help inform the development of the programme and provide a valuable source of data for those involved in planning health initiatives.

## Survey methodology

The population survey of 1005 adults aged 16+ used a clustered probability design, with 52 Lower Super Output Areas being selected with probability proportional to the number of residential households showing in the latest version of the Postcode Address File (PAF). The sample of Super Output Areas was taken from a listing of all such areas in Manchester, stratified by local authority ward. Within each selected area, every Nth residential address was selected to give an issued sample of 44 properties per sampling point.

To maximise the interviewers' chances of making contact at each address, interviewers had a call pattern involving six plus visits at different times of the day and on different days of the week. In each sampled household, one adult was selected at random for inclusion in the survey, using the Kish Grid method.

This robust, random sample selection process ensured that people selected for interviews came from across the Manchester area and that the mix of respondents (in terms of age, income, ethnicity and gender) was broadly representative of the overall population. Where the mix of survey respondents didn't exactly match the profile of Manchester overall (for example, older people are over represented in the sample), figures have been weighted to take this into account.

The questionnaire was designed by the points4life evaluation team. Wherever possible, questions were used that had formed part of other health surveys. These questions were augmented by new attitudinal statements and questions on points4life.

The draft questionnaire was piloted before being finalised by all parties and main fieldwork took place between October and December 2009. Each interview took approximately 20 minutes to complete.

The response rate was **53%**.

## Main findings

### Healthy lifestyles

All respondents were asked several questions about whether they were leading a healthy lifestyle. About half of respondents (52%) 'agreed' or 'agreed strongly' that their current lifestyle was healthy, while a fifth (21%) were less confident and agreed only 'slightly'. A further fifth (22%) disagreed with the statement.

When asked about the **importance of having good health** and of leading a healthy lifestyle, three quarters of respondents agreed that *'if you don't have your health you don't have anything'* to some extent. Those who agreed were more likely to describe their health as 'not good', to be non-white and to do little or no exercise each week. Respondents who disagreed were more likely to be 16-24 years old and white.

The survey found that **smoking** in Manchester is above the national average, with a third of men in the survey (35%) reporting that they currently smoke tobacco, while slightly fewer (28%) women are smokers. Both of these percentages are higher than the national averages of 24% for men and 20% for women.

When asked about the how often they engage in **exercise and physical activity**, the picture is a mixed one: while almost half of respondents are very active, exercising for five or more days per week, well over a quarter of respondents are doing little or no physical activity. In terms of respondents' **diets**, over two thirds of people eat less than the recommended five portions of fruit and vegetables each day, although the proportion of respondents who report consuming the recommended **'five a day'** (29%) is broadly similar to the national average for England of 26%.<sup>1</sup>

### Changing behaviour

Respondents were asked several questions about whether they would change their behaviour to improve their health. While respondents recognised that it is important to have a healthy diet and exercise regularly, fewer were able to commit to the proactive statements about their efforts to make improvements in these areas over *past* 12 months, and in the *next* 12 months. In relation to questions about diet and exercise, for instance, while most respondents wanted to improve their diet and exercise, one in three agreed only slightly or disagreed that they planned to make these changes in these areas over the coming 12 months.

In terms of making healthy behaviour changes, age is a crucial factor; with those aged 55 or older being significantly more likely than younger respondents to say that they wanted to make no positive changes to their levels of exercise and physical activity, diet and smoking and alcohol consumption.

## Health inequalities

The survey findings also showed pronounced health inequalities. The least deprived are more likely to eat a healthy balanced diet, not to smoke and to have a good level of health, whereas those who are most deprived are more likely to be obese and to do little or no exercise each week; findings which are in line with other studies exploring health inequalities in Manchester. In addition, the most deprived respondents are least happy with local health services, which would suggest that points4life may need to place greater efforts on building the trust of these residents that the programme will work for them.

## Views of points4life

The survey asked respondents about their **awareness** of Change4Life and their attitudes to the concepts underpinning the points4life programme. In terms of overall interest, a large majority of respondents were interested in the programme, with two thirds of respondents being 'very' or 'fairly interested' in taking part in something like points4life. The survey also identified a number of encouraging findings and opportunities for the programme: Rather than identifying the value-for-money from rewards element of the programme, the least well-off respondents were more likely to say that points4life would 'help them to be healthy' – implying the programme will encourage respondents to 'change their behaviour', i.e. that eating and living healthily is not just based on short-term, immediate rewards. Non-white respondents are significantly more likely to be interested in taking part in 'something like points4life' compared with white respondents (74% compared with 62%). An encouraging finding, given the goals that points4life has on enrolling comparable numbers of BME residents in the programme.

In terms of eating more fruit and vegetables those in the most deprived quartile were the most likely to say that they were thinking about making this change (32% of this sub-group). Respondents in the youngest two age groups (16-24 and 25-34) were also more likely to think about making a change in this area compared with respondents in the oldest age group of 55 or older. A positive attitude towards which will hopefully benefit the points4life aims to reduce obesity in Manchester.

The survey findings suggest that Manchester has a good sports and leisure infrastructure. The programme presents a good opportunity to increase their usage, particularly among people who might not use them on a regular basis.

Respondents were also asked about their awareness of Change4Life and the concepts underpinning points4life. On this topic, the survey found that awareness of both Change4Life and the concepts underpinning the points4life programme is higher among people with healthy lifestyles and that the concept and aims of points4life is less appealing to the people who could stand to benefit from it. That is, those respondents with poor diets and who infrequently exercise – identified by the programme as falling in to some of the ‘target groups’ - are more likely to have:

- a low awareness of Change4Life and the concepts underpinning points4life
- less interest in points4life
- a negative view towards loyalty cards, however, this is not to say that all in less advantaged groups are against this approach. Indeed, non-white respondents were more likely to say that they ‘might use them if they knew more about them’ compared with white respondents (12% compared with 6% respectively),

Furthermore, the survey suggests that compared with those of a healthy weight, those who are obese have lower levels of motivation to make improvements to their diets and exercise levels. Arguably, there is risk that points4life could potentially widen health inequalities if the programme doesn’t successfully engage the target groups.

## Implications for points4life

The **survey findings** provide **key information** that can be used **to support and inform the development of the programme**. Essentially, the survey findings highlight that the programme needs to consider the following:

- It will be crucial for the marketing and communications team to develop clear and appealing messages and to use the right approaches for different groups of residents. In the review of published literature, different communication strategies are recommended for different groups. For disadvantaged groups, for example, face-to-face communication is regarded as the most effective way of providing them with health information, while young people respond well to communication approaches that are perceived as ‘fun.’
- There needs to be a selection of merchants, activities, goods and rewards that are appealing and tailored to different demographic groups. For instance, the survey found that while the use of supermarkets is high, incorporating a good variety of local shops will help to ensure that the programme is accessible to target groups.
- The processes for signing up and taking part in the programme needs to be straightforward and user friendly, particularly for those who are not technology savvy. This issue is particularly important given that significant numbers of residents in target groups may not possess access to the internet or basic IT skills.

- There are a range of requirements for NHS and local government staff to provide information and raise awareness about healthy lifestyles, including through structures and interventions such as NHS Information Centres, Information Prescriptions – a new form of tailored information for patients – expert patients, and Local Involvement Networks (LINKs). The programme should explore how these roles and structures can be used to raise awareness of the programme.
- With close to a fifth of respondents (16%) feeling that leisure and sports centres would be a good place to find out more about points4life, it would be helpful for the points4programme to explore how marketing materials can be located at these kinds of venue.

In addition to accentuating important trends and messages that can usefully inform the points4life programme, the survey also draws attention to a number of topics that the focus groups and interviews with potential service users (listed in the evaluation methods section) should shed more light on:

- what the public consider the barriers are to making healthy behaviour changes,
- deeper understanding of the barriers or reservations to participating in a programme such as points4life, especially given that when asked to think about the **barriers** to leading a healthy lifestyle one quarter of respondents (28%) gave 'no reason' when asked to specify barriers.

These were both areas where respondents were not particularly forthcoming during the survey interview. This is not surprising given that our behaviour and lifestyle decisions can be complex pictures that may be difficult to distil into quick and clear responses.

Other issues that would benefit from further qualitative exploration include:

- how well different communities in Manchester receive the concept and aims of points4life
- attitudes and aspirations on making healthy lifestyle changes
- understanding more fully why some people have a negative view of loyalty cards
- understanding what strategies, communications and interventions could encourage people to take part in the programme

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# 1. Overview

points4life is a public sector loyalty card scheme using knowledge and technology from the private sector, where many loyalty programmes run very successfully. The programme aims to improve health and tackle health inequalities in Manchester by encouraging people to make positive and healthy choices. This will be achieved by awarding points to participants for making positive choices that will be redeemable against a range of healthy goods.

NHS Manchester and Manchester City Council are working with OPM to evaluate points4life, to assess whether the programme is successful and can be rolled out more widely to other geographical areas. A key aim of the evaluation is to assess the impact of programme on the Manchester population. One way in which impact will be measured is by conducting two large scale surveys with Manchester residents, once before the programme is rolled out and again in a year's time, to evaluate if there have been any changes over time.

The survey focused on gaining detailed information about the health attitudes and behaviours of Manchester residents as well as exploring issues relating to the awareness and marketing of the programme. The structure and topics included in the report are as follows:

**Health and quality of life in Manchester:** respondent's views on their overall level of health and quality of life; resident's body mass index (BMI) measurements are given, as well as health services used; resident's descriptions of a healthy lifestyle, whether they feel they lead a healthy lifestyle and the barriers to leading a healthy lifestyle.

**Diet and physical activity in Manchester:** behaviours and attitudes in relation to diet and physical activity. Resident's use of services such as leisure centres and green spaces and their shopping patterns. Demographic trends in relation to diet and activity are also examined.

**Attitudes towards and responsibility for health:** respondents give their views about the importance of their health; level of control they have over their health; and about their intentions to change an aspect of lifestyle, such as losing weight or giving up smoking. The views of obese and non-obese participants are compared, especially in terms of their desire to make lifestyle changes.

**Awareness and marketing of points4life:** the extent to which respondents have an awareness of, and interest in, Change4Life and points4life; their overall perceptions of loyalty cards and their preferences for how they would like to access information about points4life.

The findings provide valuable baseline data against progress will be charted during the second survey, and many of the findings can also play an important role in guiding the design and development of the programme. As one of the largest health surveys conducted in Manchester, the survey also provides a valuable source of data for those involved in planning health initiatives.

## Approach

The survey was conducted with 1005 residents of Manchester over November and December of 2009 and it was completed as in-house or door-step interview, which took approximately 20 minutes to complete. A robust, random sample selection process was used to ensure that people selected for interviews came from across the Manchester area and that the mix of respondents (in terms of age, income, ethnicity and gender) was broadly representative of the overall population.

The survey used a clustered probability design, with 52 Lower Super Output Areas (LSOAs) being selected with probability proportional to the number of residential households showing in the latest version of the Postcode Address File (PAF). The sample of Lower Super Output Areas was taken from a listing of all such Areas in Manchester, stratified by local authority ward. Within each selected Area, every Nth residential address was selected to give an issued sample of 44 properties per sampling point. In order to maximise the interviewers' chances of making contact at each address, interviewers had a call pattern involving 6+ visits at different times of the day and on different days of the week. In each sampled household, one adult was selected at random for inclusion in the survey. The response rate was 53%.

Where the mix of survey respondents didn't exactly match the profile of Manchester overall (for example, older people are over represented in the sample), figures have been weighted to take this into account. Throughout the report the weighted figures are presented and analysed. Wherever the report highlights a trend these have been tested for statistical significance, to assess whether or not the result could have occurred by chance. The significance testing was carried out at a 95% confidence interval, which means that there are 19 chances in 20 that the highlighted differences are real.

The demographic profile of the survey sample is broadly representative of the Manchester population. The key features in terms of gender, age, ethnicity and disability are set out below.

- **Gender:** 49% were women and 51% were men.
- **Age:** 48% were aged 16 – 34 years, 29% were aged 35 – 54, 17% were aged 55 – 74 and 6 % were 75 years or older.
- **Ethnicity:** 74% were from White ethnic groups, 13% were Asian or Asian British, 7% were Black or Black British, 3% were from a mixed ethnic group and 3% were from other ethnic groups.
- **Longstanding illness or disability:** 28% said that they had a limiting condition and 72% said that they did not.

## 2. Health

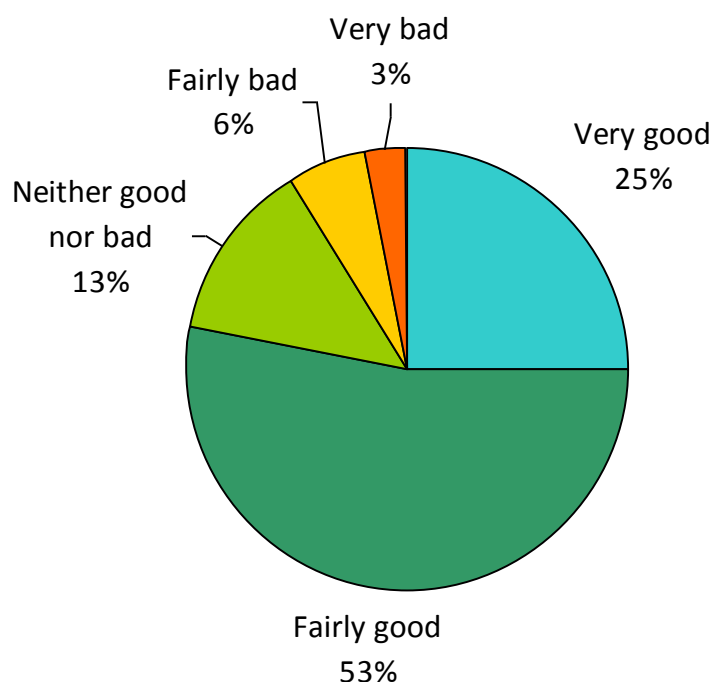
This section looks at how people rate their current level of health and quality of life, and their use of health services. It also describes the rates of obesity and healthy weight levels in the city, based on respondents' BMI scores.

Respondent's ability to describe what's involved in leading a healthy lifestyle is also explored, as well as the extent to which respondents feel they are currently doing so and what the barriers to a healthier life might be. Across all of these topics the key significant demographic trends are provided about how people responded, and where appropriate, the Manchester results are compared with the national averages to gain a national perspective.

### Levels of health and quality of life

When asked to rate their **general level of health** more than half of respondents (53%) said that it was 'fairly good', while a quarter (25%) were able to rate it as 'very good'. On the other hand, about one in ten described their level of health as poor (with 6% describing it as 'fairly bad' and 3% describing it as 'very bad').

**Figure 1: levels of health**



Sample size: 1005 respondents

Overall, respondents who said they had good health were more likely to be young, well-off and more physically active. Conversely, the tenth of respondents (9%) who described their health as 'fairly' or 'very' bad were more likely to be older, white, overweight, less physically active, to be a smoker and to have lived in the area for ten years or more.

The aim of points4life is to improve the health of Manchester residents particularly those who stand to benefit the most from making changes. The above findings highlight demographic groups that it will be crucial to engage through the programme.

When asked about the likelihood of becoming **seriously ill** in the next few years compared to other people their own age, over a quarter of respondents (27%) thought that they were less likely. These tended to be younger respondents, frequent exercisers, and those with 'very' or 'fairly' good health.

Close to a quarter (23%) of respondents felt that they were more likely to get seriously ill, and they were more likely to be aged 55 or more, and those who describe their health as 'not good'. This finding points to a more 'risk aware' respondent demographic group who may be receptive to the health benefits of taking part in points4life.

As well as physical health, all respondents were asked to consider their general '**quality of life**', defined for the purposes of the survey interview as *'how you feel overall about your life including your standard of living, your surroundings, friendships and how you feel day-to-day.'* Close to half (45%) felt that their quality of life was 'fairly good', while well over a two (37%) indicated that it was 'very good'.

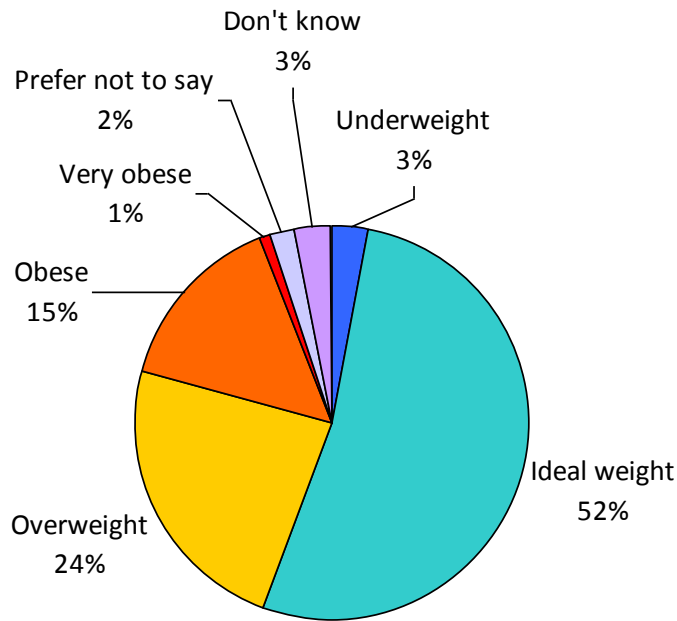
Those who said that their quality of life was very good were more likely to have good health, to be among the least deprived and to exercise frequently and to eat a healthy diet high in fruit and vegetables. On the other hand those who said their quality of life was bad were more likely to smoke, to say they have poor health and to be among the least well-off. These findings suggest that there is a direct relationship between lifestyle, level of deprivation and quality of life, which means that points4life has the potential to have a positive influence on both the health *and* quality of life of members.

## **BMI scores**

Body Mass Index (BMI) is an important tool which is used to determine whether someone's weight falls within a healthy or unhealthy range. A BMI score was calculated for each respondent based on their self-reported height and weight.

As shown in Figure 2 below, half of all respondents (53%) fall within the healthy 'ideal' range, while a quarter (24%) is 'overweight'. A further fifth (16%) of respondents fall within the 'obese' range, which is lower than the national average of 24%<sup>2</sup>. But because Manchester has a younger age profile compared with the England average this result is less positive than it appears, as younger respondents are generally least likely to be overweight or obese. This trend is further reflected in the survey findings, where respondents in the younger age categories (aged 16-34), were more likely to be in the ideal weight category, as were those who exercise five or more days each week.

**Figure 2: Respondents' BMI scores**

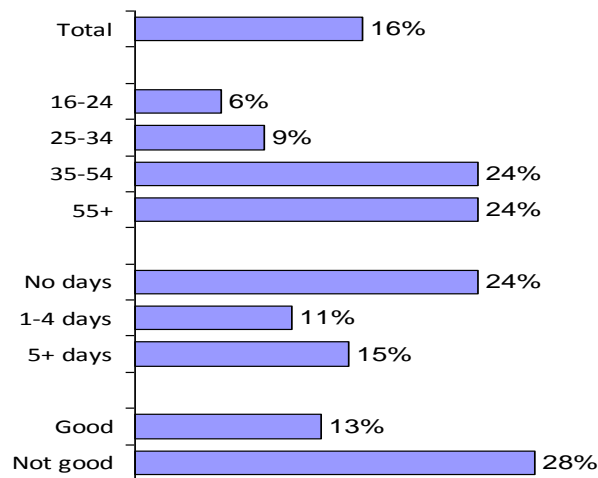


Sample size: 1005 respondents

Looking at the profile of obese respondents, they are more likely to:

- be 35 years old or more;
- do little or no exercise each week; and
- describe their health as not good

**Figure 3: Profile of obese respondents**



Sample size: 149 respondents

## Describing and leading a healthy lifestyle

Building on respondents' health and quality of life ratings and BMI scores, respondents were asked to consider the extent to which they agreed that their **current lifestyle** was healthy. About half of respondents (52%) 'agreed' or 'agreed strongly', while a fifth (21%) were less confident and agreed only 'slightly'. A further fifth (22%) disagreed with the statement. These findings are likely to give a fairly accurate 'picture of health', given that respondents who felt their current lifestyle was healthy were more likely to be in the healthy 'ideal' weight category, to describe themselves as being in good health, to exercise regularly and consume the recommended five portions of fruit and vegetables each day. Conversely, those respondents who did not describe their current lifestyle as healthy were more likely to be obese, aged 35 or older, to have a poor diet, and do little or no exercise each week.

When asked to describe what a healthy lifestyle **personally means to them**, unprompted, the majority included having a 'healthy diet' (80%) and doing 'regular exercise' (77%) in their response. Respondents who mentioned these two key features were more likely to be in one of the two younger age groups and to *already* be leading a healthy lifestyle. They were also more likely to express an interest in points4life and were among the least deprived. These findings suggest that people with these characteristics have a higher level of basic health literacy.

A fifth of respondents (or about 200 people) mentioned 'not smoking' (21%) and 'not drinking too much' (18%) as features of a healthy lifestyle. As with diet and exercise, those who mentioned these two features were more likely to be young, to frequently exercise, and, in terms of 'not drinking too much', to be among the most well-off.

A further one in ten respondents included the following features in their response:

- 'feeling happy' (15%);
- 'reducing stress' (15%);
- 'looking after myself' (11%); and
- 'fresh air and getting out and about' (10%).

'Fresh air and getting out and about' was more likely to be raised by respondents aged 55 or older. While points4life is primarily focused on improving diet and exercise behaviours, there may be a range of other positive results related to quality of life and well-being that could be achieved by participating in the programme. For example, increased social interaction is a likely outcome of joining a walking group and this could be an important benefit to emphasise to older people who may be socially isolated.

## Barriers to leading a healthy lifestyle

Respondents were asked to detail what if anything **prevents** them from leading a healthy lifestyle and were not given any prompts or suggestions. The most common response (28%) was to give 'no reason' and this was a response favoured by older respondents, and by those who describe their health as very good. In part this response could be explained by the fact that those who are already leading a healthy lifestyle may feel that there is little that prevents them from doing so, while for others the barriers to leading a healthy lifestyle might be complex and multiple and therefore difficult to describe in a time-limited survey interview. This is a topic that may be better suited to the focus groups which will be conducted with Manchester residents as part of the evaluation, where participants will have more time to explore and make sense of their lifestyle and behaviours.

Of those respondents who did identify a barrier, the most common choices were:

- Cost (15%)
- Health problems (13%)
- Work commitments or stress (11%)
- Time (11%)

Those who mentioned health problems as a barrier were more likely to be older, and to describe their health as poor. This group of respondents was also more likely to smoke, to do little or no exercise and to consume less than the recommended 'five a day'. This finding highlights the importance of points4life offering inclusive activities that older and less healthy people can take part in, as well as emphasising the important role that frontline health professional can play in supporting and encouraging people to participate in the programme.

Those who identified cost were more likely to be in the youngest age group, to exercise almost everyday and to have lived in Manchester for less than two years – highlighting the fact the initial barrier to leading a healthy lifestyle might be a question of motivation while for those who want to be more healthy the barriers progress to the practical issues of cost and access.

Interestingly, the results do not show a statistically significant connection between cost as a barrier and deprivation level and this is something that further research could explore.

## Use of health services

The most commonly used health service in Manchester is the GP, with four fifths of respondents (78%) saying that they had used it in the past year. In second place is the pharmacist, with close to three fifths (57%) of respondents saying that they had used it in the past year.

One in ten respondents (9%) said that they had used no services in the past year. The groups that were most likely to say this were those in the youngest age group (16-24), those with 'very good health' and the best-off respondents.

People who had used both the GP and a pharmacist were more likely to be 55-years-old or over and to have lived in the area for ten years or more, and were more likely to describe their health as 'not good'. As well as using pharmacists, older people and those who had lived in the area for ten or more years were more likely to have used practice nurses and to have had hospital appointments. These findings underline the importance of point4life engaging and working with the full range of relevant health professionals, in a range of settings, to publicise points4life and encourage participation among all demographic groups, in this case, working with pharmacists to target the older population.

Reflecting on their **satisfaction with health services** in their area, three quarters of respondents described themselves as satisfied (with 37% 'fairly' satisfied and 41% 'very' satisfied). There were higher levels of dissatisfaction among those who said they did not have good health, by smokers and by those who do little or no exercise each week. Respondents in the 'fairly deprived' category were also a group who were more likely to be dissatisfied with health services.

These findings highlight a group of respondents who might be challenging to engage through the planned use of GPs and other health professionals as set out in points4life's GP Engagement Plan<sup>3</sup> and here it would be advisable to consider additional and complimentary approaches to engaging these groups. This might include a focus on the social care workforce as well as voluntary and community sector organisations who work with communities in Manchester.

## Overall messages

- When asked to consider their **level of health**, four out of five respondents (78%) gave a positive rating of 'fairly' or 'very good', while almost one in ten (9%) described it as either 'fairly' or 'very bad'. Those who said that their health is good are more likely to be young, physically active and among the most well-off respondents. Those who say they have poor health are more likely to be aged 55 or older, to be overweight, to be smokers and to do little exercise each week. They are also more likely to say that they are more likely to become seriously ill at some point in the next few years compared to other people of their age.
- Respondents were asked to rate their **quality of life** and were prompted to consider things like standard of living, friendships, surroundings and how they feel day-to-day. Four fifths (83%) gave a 'good' rating.
- In terms of level of health, **deprivation**, smoking and diet were important factors associated with whether or not a respondent felt that their quality of life was good, while age was not found to be a significant factor.
- Looking at **obesity** levels in Manchester, the proportion of respondents who fall within this weight range<sup>4</sup> is lower compared with the England average of 26%<sup>2</sup>. But this is less positive than it appears because Manchester has a younger age profile compared with the England average and generally young people are less likely to be overweight or obese.
- About half of respondents agreed or agreed strongly (52%) that they currently lead a **healthy lifestyle**. The one in five respondents (22%) who were not able to agree with this statement were more likely to have a poor diet (low in fruit and vegetables), to do little or no exercise and to be in the oldest age category.
- Those who *currently* lead a healthy lifestyle have a higher level of **health literacy** – as they are more likely to be able to describe the main features of a healthy lifestyle (such as a balanced diet, frequent exercise and the need to avoid and limit smoking and alcohol).
- When asked to think about the **barriers** to leading a healthy lifestyle more than one quarter of respondents (28%) gave 'no reason', which suggests that respondents may have found it difficult to think about this aspect of their lives or simply that there are no barriers or excuses to doing this.
- Where barriers were identified, frequent exercisers and young people were most likely to identify 'cost', while older people, smokers and those with poor health were more likely to identify 'health problems' as a barrier.

# 3. Diet and activity

Following a description of general level of health and quality of life in Manchester, this section gives a detailed overview of the diet and physical activity typically undertaken by Manchester residents. A breakdown of the types and amounts of food consumed over a normal week is provided, as well as the types of physical activity and exercise that people do regularly, and the amount of time they spend doing them over a normal week. Rates of smoking and alcohol consumption are also presented, and a comparison with the national averages is made.

As well as serving as valuable 'baseline data' to allow the impact of the programme to be tracked, the trends in diet and exercise behaviour inform aspects of the programme design, including setting the right levels and thresholds for goals and points, and providing insights and trends in target group behaviour, which can inform marketing of the programme.

## Diet

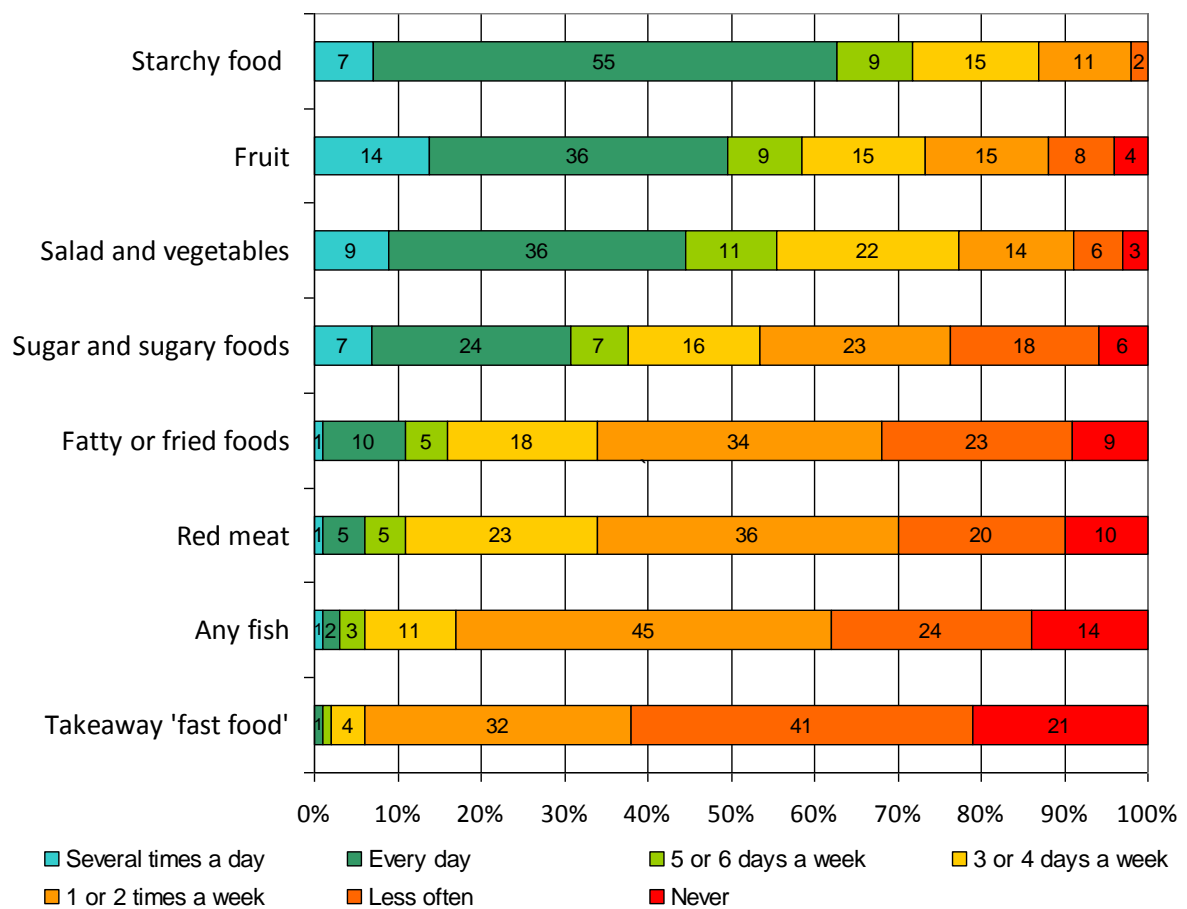
During the survey respondents were asked to provide detailed information about their diets – providing valuable data benchmarking data, which points4life will use to set goals and rewards linked to make healthy food purchases. When asked, just under a third (30%) of respondents reported consuming five or more portions a day of fruit and vegetables a day, which is broadly consistent with the national average of 26%.<sup>5</sup>

When asked to detail how often they eat different types of food **over a normal week**. Figure 4 shows that:

- Starchy foods like pasta and rice are the types of food people eat most often – consumed by more than two thirds (71%) of respondents at least five times a week.
- Half of respondents (50%) eat some type of fruit at least once a day. Fewer respondents eat the same amount of salad and vegetables ('not including potatoes').
- Sugar and sugary foods are consumed quite often, on at least five or six days a week by two fifths' (38%) of the sample.
- In terms of fatty or fried foods and red meat, a third of respondents (34% and 33%) consume these food types three or four times a week or more often.
- Fish ('not including servings that are fried or cooked in batter') sits close to the bottom of the list, eaten by more than eight out of ten respondents (83%) just once or twice a week or less often.
- Takeaway 'fast food' is the type of food which is consumed by one third of respondents (32%) once or twice a week and more often than this by 6% of respondents.

As well as being part of their diet over a normal week, during the survey interview respondents were asked how many portions of fruit and vegetables they had eaten **yesterday**. The findings are broadly consistent with the results for 'over a normal week'; with people reporting that they had consumed more portions of fruit compared with salad and vegetables. This suggests that perhaps salad and vegetables should have a higher points value compared with fruit so that members are more incentivised to eat this type of food regularly.

**Figure 4: Consumption of different food types over a normal week**



Sample size: 1005 respondents

## **Demographic trends in diet**

The findings suggest that diet, deprivation and level of health are linked, with the most deprived and those with a poor level of health being the most likely to have a poor diet (low in fruit, salad and vegetables and high in fatty, sugary and takeaway 'fast foods'). This is a finding that underlines the importance of understanding and engaging this target audience, who stand to benefit the most from the programme.

The results also show a link between diet, exercise and weight, with respondents who have a healthy diet (eating both fruit and vegetables 'everyday' or 'several times a day') being more likely to exercise regularly, to be in the healthy 'ideal weight' range, and to be non-smokers. Age and gender are also important factors, with respondents in the youngest age group (16-24) being more likely to consume both 'fatty or fried foods' and take away 'fast foods'. Male respondents indicated they are less likely to eat salad and vegetables and more likely to eat both fatty food and takeaways over a normal week. These are findings which should inform the marketing strategy of where and how the programme is promoted.

In terms of ethnicity, non-white respondents are more likely to eat red meat everyday (10% compared with 4%) and to consume takeaway 'fast food' on a regular basis ('three or four days a week') (7% compared with 2%). The latter finding supports the need for points4life to ensure that there is a good mix of food retailers taking part in the programme so that the full range of different communities and ethnic groups in Manchester are equally encouraged and able to participate in the programme by making healthy purchases.

## **Accessibility and use of supermarkets and local shops**

To learn about Manchester residents' food-buying habits everyone who completed the survey was asked to say whether they use supermarkets and local shops at least once a month and to say how easy it was to get to them.

Nearly all respondents (96%) have used a supermarket at least once in the last month, a finding which highlights the 'reach' of supermarkets across Manchester, and the importance of getting them to become participating 'merchants' in the points4life programme.

Respondents in the younger age group, those in good health and frequent exercisers are all more like to use supermarkets. In terms of their accessibility, again nearly all (96%) of those asked, find supermarkets either very or fairly easy to get to. Given that overall use of supermarkets is so high, it is possible that there are a very small number of older residents with poor health or mobility problems who may get others to purchase food on their behalf or use services such meals on wheels.<sup>6</sup>

Local shops were accessible to nearly all respondents (95%), however, slightly fewer respondents have used them at least once in the last month (87%). As with supermarkets, older respondents were more likely to say that they hadn't used them even once in the last month, while younger people, frequent exercisers, and those in good health were more likely to say that they had. In terms of ethnicity, non-white respondents were more likely to use local shops (93% compared with 85%) – and this might be explained by the fact these shops frequently stock better selections of specialist foods.

The findings show that including the right balance and mix of participating merchants across Manchester is important to ensure inclusive access to ways in which points4life members of different demographic and ethnic groups can gain points.

## Physical activity

### Types of activity

As well as asking respondents to give detailed information about their diets, respondents were asked to say what forms of exercise they do in a normal week and were shown a fairly comprehensive list of common activities. In thinking about exercise, respondents were asked to include only activities which made their *'breathing faster than usual and their heart beat faster, through physical exertion'*.

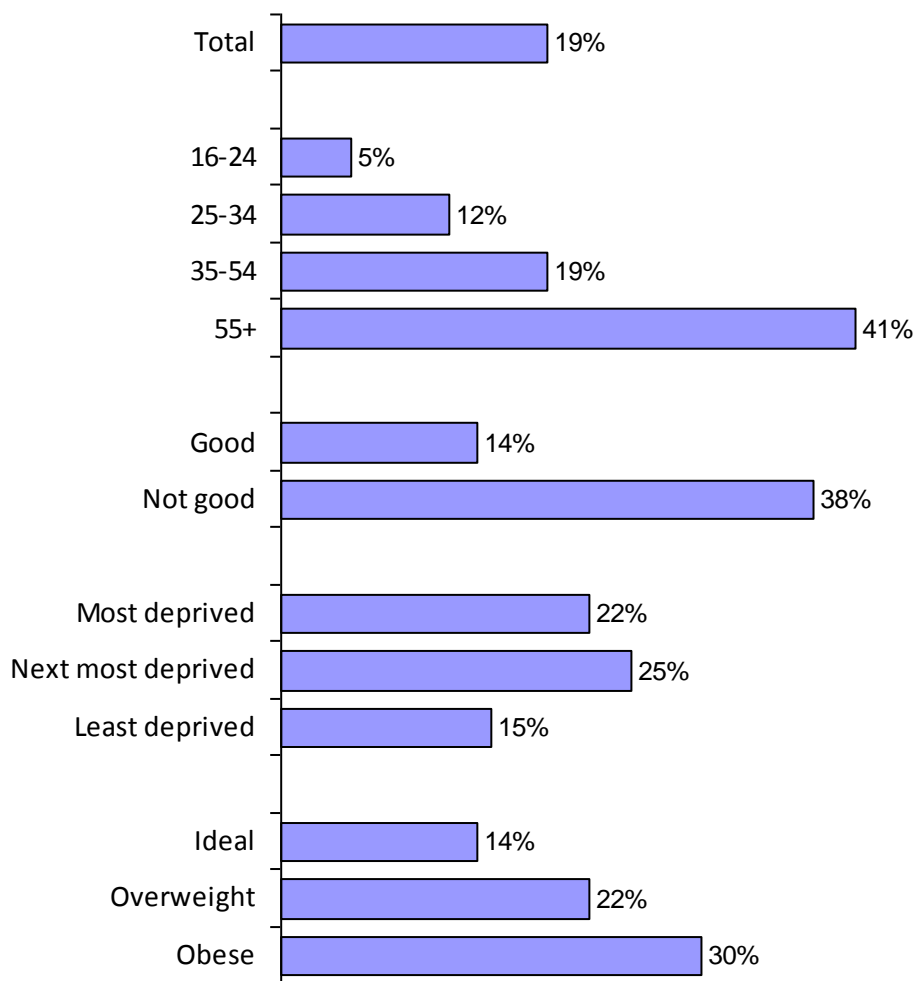
'Brisk walking' was the most commonly identified activity, selected by over half of respondents (56%). Younger people who were surveyed were more likely to do this activity on a regular basis as were those who fall within the healthy 'ideal weight' category as defined by the BMI measurement. The fact that brisk walking is the most common form of exercise taken is not surprising given that it is something you can fit into your routine and which requires little or no planning, cost or equipment. Likewise 'heavy work around the house' which included things like DIY and other strenuous chores was a common choice, selected by a fifth of respondents (20%), and more often by women.

Almost a quarter of respondents (23%) identified 'aerobics or weights' as something they do in a normal week, while slightly fewer jog or run each week. Both of these activities are more likely to be undertaken by younger respondents and by those who describe their health as fairly or very good. Respondents who are among the least deprived are also more likely to do these two activities which is not surprising given that these activities often involve costs such as a gym membership fee and specialist clothing and equipment.

Between ten and fifteen percent of respondents reported doing a range of other activities, including cycling, swimming, dancing or sports. It is worth noting that 'sports' (which gave the examples of 'football, tennis and netball') was the activity type more likely to be selected by the respondents who are the least well-off. This might include young people who take part in these activities as representatives of their local youth clubs and community centres and for this reason these local community settings will be important settings to publicise points4life.

As shown in Figure 5 below, a large number of respondents (19% or 194 people) said that they do none of the listed activities, and the characteristics of these respondents were typically of those in the 'hard-to-reach' groups. That is, respondents in the oldest age category, those who are overweight or obese and those in the most deprived categories. This highlights a significant proportion of Manchester residents who stand to benefit from taking part in points4life. To engage and encourage participation in the programme from these target individuals it will be vital to reward points for 'entry level' unstructured physical activities (such as brisk walking) and to ensure that necessary platforms and systems for measuring activity and awarding points are accessible and user friendly so that the initial experiences of participating in the programme are positive.

**Figure 5: Who is the least likely to do any kind of physical activity**



Sample size: 194 respondents

## **Accessibility and use of sports and exercise spaces**

The survey findings show that the vast majority of respondents have good accessibility to exercise areas and sports facilities, which suggests that Manchester can support the mass participation in the programme that is planned. For example, more than seven out of ten (76%) respondents felt that it was fairly or very easy to access a gym, leisure centre, sports club or swimming pool, while nine out of ten (91%) said that it was 'fairly' or 'very' easy to access a park or other green space.

As with supermarkets and local shops, respondents were asked to say whether they use a number of different sports and exercise facilities, or spaces, at least once a month.

Respondents said that they most often used 'parks, playing fields or other green spaces' at least once a month; this was selected by three out of five respondent asked (62%). The fact that these spaces were *also* rated as the most accessible to Manchester residents suggests that they should have a vital role in the programme, particularly for members taking part in 'entry level' unstructured physical activities like brisk walking.

A third of respondents (33%) made use of 'sports clubs leisure centres or gyms', while a fifth (20%) use a swimming pool at least once a month. All three of the above exercise spaces or facilities are more often used by respondents in the younger age groups, by those in good health and by those who consume their 'five a day'.

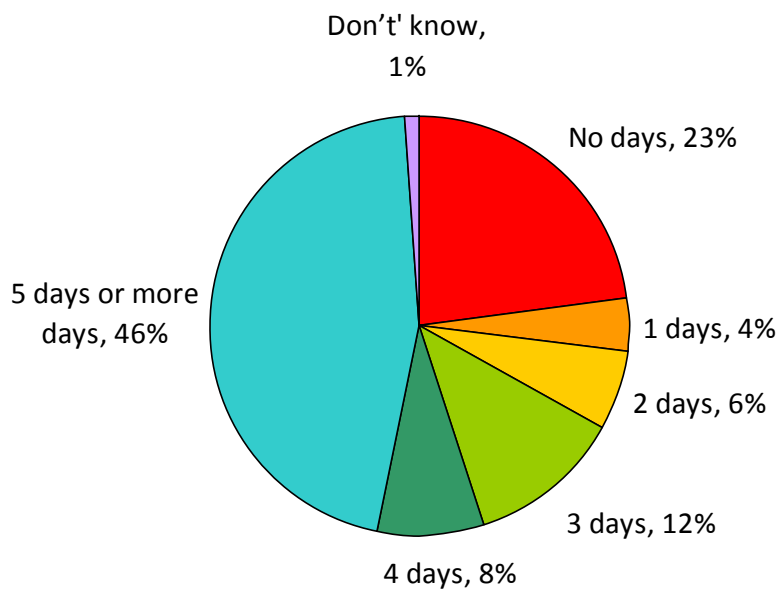
These findings suggest that there is a clear value in points4life working with sports and leisure facilities to give young people discounted or free membership depending on points earned.

## **Over a normal week**

Respondents were asked to consider the total number of days per week typically spent doing 30 minutes of any combination of the listed healthy activities<sup>7</sup>. Close to half of both men and women reported doing so five or more days a week, which is higher than the national average for men (40%) and significantly higher than the average for females (28%)<sup>8</sup>. This could have implications for the thresholds set for frequency of exercise and points earned in the programme.

Figure 6 provides a breakdown of the responses by percentage, highlighting the fact that two thirds (66%) exercise regularly (three or more days a week). Yet almost a quarter (23%) who do little or no exercise each week implying that in terms of exercise and physical activity, a considerable proportion of the Manchester population stand to gain significant health benefits from participating in points4life.

**Figure 6: Days spent each week doing 30 minutes or more of strenuous activity**



Sample size: 1005 respondents

## Smoking and alcohol

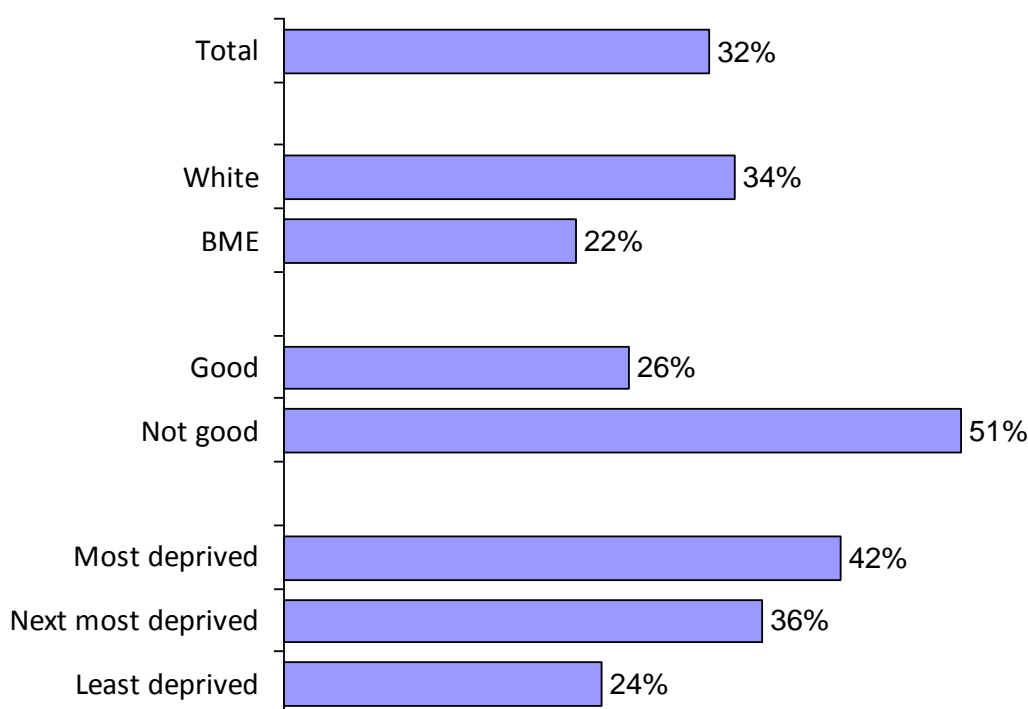
A third of men in the survey (35% or 317 people) reported that they **currently smoke tobacco**, while slightly fewer (28%) women are smokers. Both of these percentages are higher than the national averages of 24% for men and 20% for women<sup>8</sup>, a finding which highlights that smoking cessation should be a top priority for Manchester and something that could usefully be incorporated into the points4life programme.

In terms of how many cigarettes are smoked 'on an average day':

- half (53%) smoke between one and ten
- a third (34%) smoke between 11 and 20 a day
- one in ten (11%) consume 21 or more cigarettes a day

When looking at the demographic profile of smokers, they stand out as a challenging group for points4life to engage as they are more likely to be among the most deprived respondents, to have a poor diet and to do little or no exercise each week. Smokers are also significantly more likely to be white (34% compared with 22% of non-whites).

**Figure 7: Respondent groups who currently smoke**



Sample size: 317 respondents

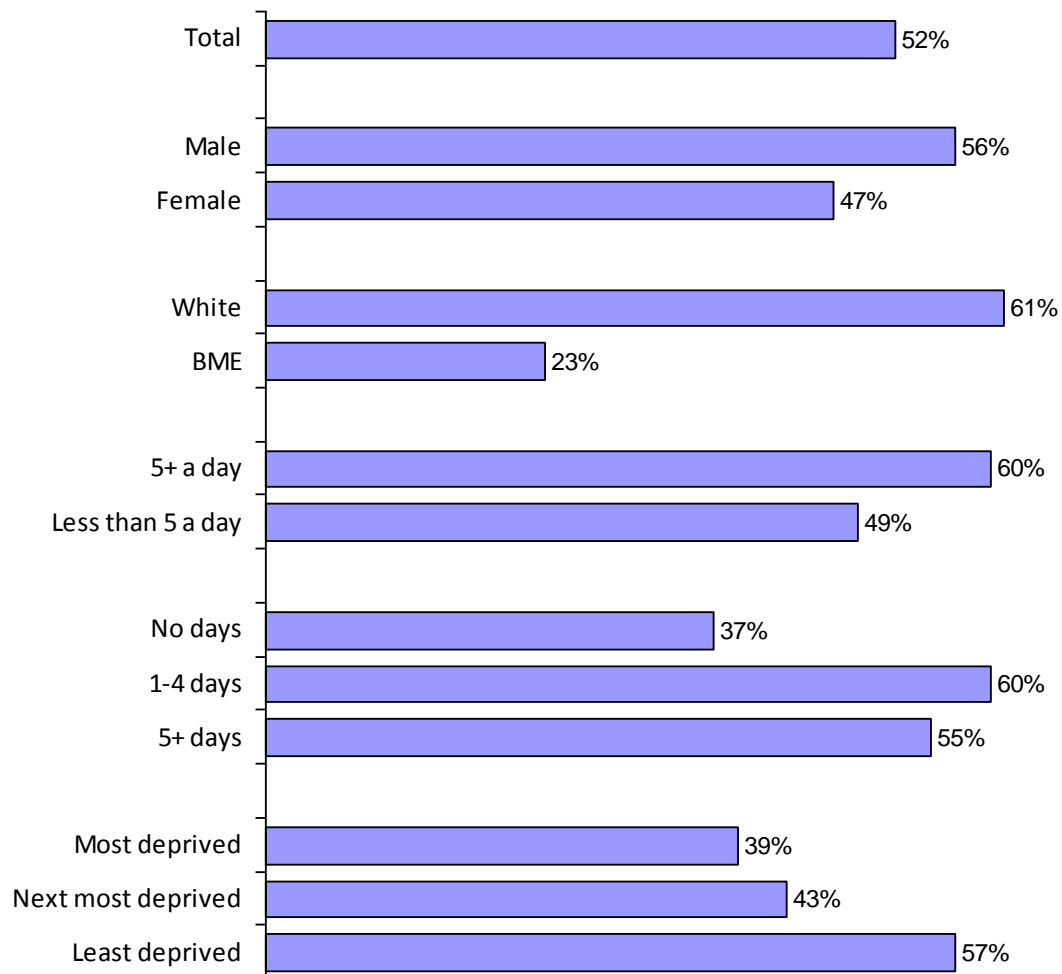
When asked how often they drink **alcohol** over a 'normal week', a third of the sample (34%) said they do so once or twice a week, while half (48%) do so on a 'monthly or less' basis or not at all. Close to a fifth (17%) reported levels of alcohol consumption over a normal week, which exceeded the recommended number of units.

Unlike smoking, frequent exercisers, those who consume more than their 'five a day' and those who are the least deprived were groups more likely to drink regularly, that is 'once or twice' or 'three or four' times a week. As noted in Section 3.4 the very same groups are also more likely to identify moderate drinking as a key feature of a healthy lifestyle. This suggests that many people with otherwise healthy lifestyles are exceeding their recommended alcohol limit despite being aware of the health risks. This might include groups such as professionals who drink socially and students.

In terms of gender differences, more than half (56%) of males consume alcohol at least once a week, while over two fifths (47%) of women do the same. This compares favourably with the published national average where 78% of males and 51% of females reported drinking alcohol in the previous week.<sup>5</sup>

Compared with gender, the difference in alcohol consumption between white and non-white respondents is much more pronounced, with non-white people being much more likely to *never* consume alcohol (61% compared with 15%). This difference could be attributable to faith and cultural differences between different communities in Manchester, however, given the size of the survey sample differences between particular ethnic groups are not possible to draw out.

**Figure 8: Groups which are more likely to drink alcohol at least once a week**



Sample size: 523 respondents

## Overall messages

- The proportion of respondents who report consuming the recommended **'five a day'** (29%) is broadly similar to the national average for England of 26%<sup>5</sup>.
- Reflecting on their **diet** 'over a normal week', half of respondents said that they eat one serving or more of fruit each day, while fewer consume the same amount of salad and vegetables. In terms of sugary foods, close to a third consume this food type either several times a day or once a day, while a third of the sample eat red meat and fatty or fried foods, three or four times a week or more.
- In terms of **exercise and physical activity**, the picture is a mixed one: while almost half of respondents (46%) are very active, exercising for five or more days per week, well over a quarter of respondents (27%) are doing little or no physical activity each week. Age is a significant factor here, with young people, particularly those under age 30, being significantly more likely to exercise or do physical activity on a regular basis.
- Encouragingly, the vast majority of respondents felt that **sports and exercise facilities** were accessible to them (76%) as were supermarkets (96%) and local shops (95%).
- When asked about the **types of exercise and physical activity** they do, 'brisk walking', i.e. unstructured physical activity, is the form of physical activity that respondents most often do on a regular basis (at least once a week) (selected by 56% of respondents), while about a fifth said that they do 'jogging or running' (18%), 'exercise like aerobics and weights' (23%), and 'sports (such as football, tennis and netball)' (15%) at least once a week.
- The survey findings show **clear relationships between diet and exercise, obesity and poor health** – findings that support the need for points4life. For example:
  - People who eat a diet high in fruit and vegetables are more likely to do regular exercise and also to be non-smokers.
  - Respondents who are overweight or obese are more likely to consume vegetables less than once or twice a week, compared to those who fall in the 'ideal' weight category. Also, those who consume less than five fruit and vegetable portions per day are significantly more likely to describe their health as 'very bad'.
  - Those who are least deprived are more likely to consume fruit and vegetables 'several times a day' compared with those who are most deprived.
- In line with published health profiles of Manchester<sup>9</sup>, **smoking** among respondents is higher than the national average (32% compared with 22%).
- The rates of **alcohol** consumption in the survey compares favourably with the national averages; with 56% of men and 44% women saying that they had consumed alcohol in the last week, compared with the England averages of 78% and 51%<sup>5</sup>.
- The findings also show that respondents with otherwise healthy lifestyles and those that are the most well-off are all more likely to consume alcohol on a regular basis, 'once or twice' or 'three or four days' a week.

# 4. Attitudes

A key objective of points4life is to motivate people to make positive lifestyle choices and understand why they are making them. If long-term changes in behaviour are to be achieved the emphasis that points4life places on participants understanding the value of making positive changes will be important. This shift in awareness and understanding relates to the need to improve levels of health literacy in Manchester, which is defined as people's ability:<sup>10</sup> *'to make sound health decisions in the context of everyday life – at home, in the community, at the workplace, and to increase people's control over their health, their ability to seek out information and their ability to take responsibility.'*

This section focuses on the various dimensions of what it means to be health literate, including respondents' attitudes and ability to take control and responsibility for their health, as well as motivation to make a range of positive lifestyle changes. Crucially, respondents' levels of motivation is analysed according to important demographic characteristics, this includes factors such as age, weight and level of health. These findings are pertinent given the programme's aims to narrow health inequalities in Manchester by targeting those who stand to benefit the most from participating in the programme.

## The importance of health

All respondents were asked to consider some statements about the importance of having good health and of leading a healthy lifestyle. Three quarters of respondents agreed that *'if you don't have your health you don't have anything'*, at least to some extent. Those who agreed were more likely to describe their health as 'not good', to be non-white and to do little or no exercise each week. Respondents who disagreed were more likely to be 16-24 years old and white.

Reflecting on a related statement *'there is nothing more important than good health'*, most people (88%) agreed to some extent. Older people were most likely to strongly agree with this statement as were those who were in the fairly deprived category. Health may be more important to these people because their lack of health significantly impinges on their lives, whereas healthier people may take their health for granted and may have the time to focus on other aspects of their lives.

Asked to consider the statement *'If I don't lead a healthy lifestyle, my health could be at risk...'* and then to select the appropriate timeframe, a fifth selected 'in the next 12 months', which was the shortest amount of time. These respondents were most likely to be aged 55 or older, to describe their health as 'not good' and to spend little or no time exercising each week. By contrast younger respondents, those with good health, frequent exercisers and the least deprived were all groups who were more likely to select a longer time period of 'in the next 10 – 20 years' or 'much later in my life'.

Looking at the results for these three statements the importance that less healthy, less well-off people placed on their health supports the idea that points4life should be based on incentives of improved health rather than immediate rewards, which may be less effective at encouraging long-term behaviour change.

To establish respondents' awareness of the health risks associated with obesity they were asked to rate the extent to which they agreed or disagreed with the statement *'I think that if you gain a lot of weight, you are more at risk of diseases like diabetes, cancer and heart disease and can have a shorter life expectancy'*. The vast majority of respondents (94%) agreed at least to some extent with this statement. Those who agreed were more likely to be white, more well-off, to exercise regularly and to be non-smokers. This suggests that those with healthy lifestyles and people from more well-off background have a better awareness of the risks of illness and disease associated with being overweight, which highlights the value of points4life using targeted marketing and recruitment activity and of setting goals related to improving levels of motivation and health literacy, with a focus on groups identified as 'at risk.'<sup>11</sup>

## **Ability to influence health**

Respondents were also asked to consider a cluster of statements on their ability to influence their health. Considering the statement *'I learn from my mistakes'*, the vast majority (nine out of ten) agreed with this statement, and these people were more likely to be aged 16-24, and those who do at least some exercise each week. This finding suggests that younger people may be a particularly receptive audience for points4life, given that they are more likely to recognise and attempt to change 'mistaken' behaviors. However, it also highlights the challenge for points4life, in that those who do the least exercise may also be the people who find it most difficult to reflect on and modify their behaviour. This is a finding which supports points4life's goal of helping participants to take greater responsibility for their health. It also highlights the need to offer entry-level activities and an appealing and user-friendly offer for the least active residents.

Respondents were also asked to consider the statement *'If a person is meant to get ill, it doesn't matter what a doctor tells them to do, they will get ill anyway'*. Responses were mixed, with large numbers of respondents either agreeing or disagreeing (46% and 39%) and a further 12 per cent choosing to 'neither agree nor disagree' responses. This provides some insight into the extent to which respondents understand the link between their behaviour and their level of health. However, it might also be that respondents feel that whether or not a person gets ill depends on many other factors in addition to 'what a doctor tells them to do.'

In terms of those who agreed with the statement, they were more likely to be aged 55 or older, to have lived in the area for ten years or more and to not be interested in points4life. Those who disagreed were more likely to be 16-24 years old, to have lived in the area for less than ten years and to be interested in points4life. As previously mentioned, this means that the communications and marketing teams should aim to make points4life appealing and accessible to this older, settled target group, to empower them to take control over their health and well-being. Changing the way this group understands how they can control their health by making behaviour changes will be a crucial step towards tackling health inequalities.

This is supported by findings from the literature review,<sup>12</sup> which suggest that programmes that engender long-term behaviour change must be built on encouraging people to view taking responsibility for their health as a benefit in itself. Furthermore, if long-term behaviour change is to be achieved the predilection to focus on rewards as a principal form of motivation because of the ability to offer 'quick wins' for healthy decision making should be avoided.

## **Making healthy lifestyle changes**

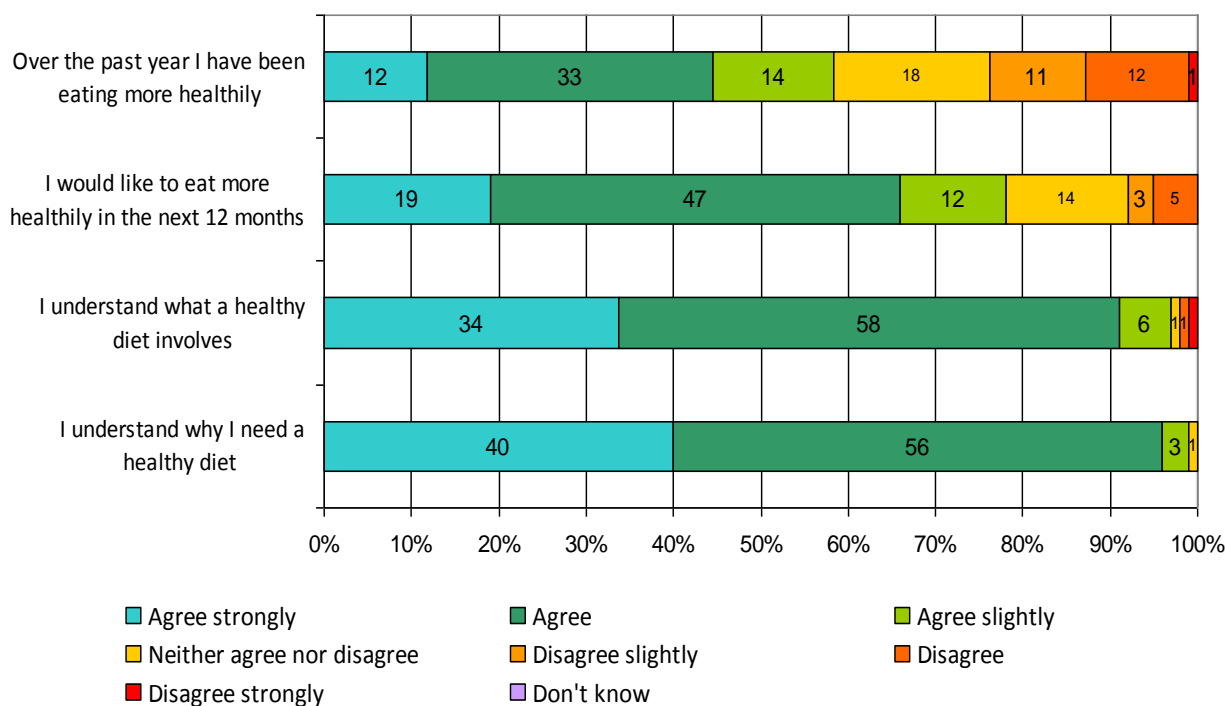
Respondents were also asked to consider some statements about the extent to which they have attempted - and are planning - to make healthy lifestyle changes, including an improved diet, more frequent exercise, weight loss, and stopping and reducing smoking and alcohol consumption.

### **Improving diet**

As shown in Figure 9 below, respondents have a clear understanding about why a healthy diet is important as well as what it involves, but fewer are able to say that they *have* been trying to improve their diet and *intend* to do so over the coming 12 months.

It would be valuable to learn more about why people may or may not have goals to change their diets and to know more about the types of goals which people set themselves and the factors affecting these decisions. These are topics that could usefully be explored in qualitative research that points4life is planning.

**Figure 9: Healthy diet: goals and attitudes**



Sample size: 1005 respondents

Respondents who aim to improve their diet over the coming year are more likely to be in one of the younger age categories, to be overweight and also to say that they would be interested in taking part in something like points4life.

Respondents who do not wish to improve their diets are more likely to be in one of the older two age categories, and to say that they are not interested in points4life. They were also more likely to have a 'very good' level of health (suggesting less need to do more) or 'poor' health (suggesting the need to do more).

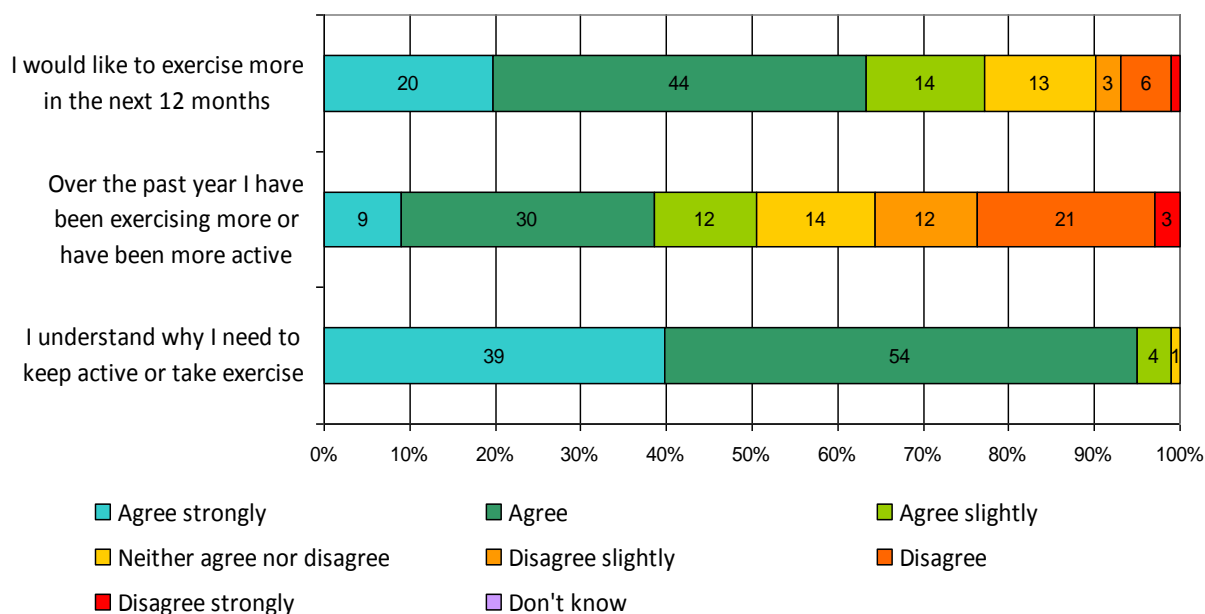
Similarly, when asked if they were considering eating *more* fruit and vegetables and *less* fatty, sugary and 'fast food' over the coming 12 months, respondents in the two older age groups, and those who said that they were not interested in taking part in something like points4life were most likely to say that they would like to be *'doing exactly as I am now'*. Conversely younger respondents (and encouragingly those who are the most deprived) were more likely to say they would like to be *'thinking about making a change'*. This findings suggests that young respondents from deprived areas may well be receptive to the programmes aims around improving diet, providing the benefits of making these changes are made clear and compelling and the goals are felt to be achievable.

## Being more active and losing weight

In line with the results for improving diet, while the vast majority (93%) of respondents are clear about why keeping active and exercising is important, far fewer are able to say with confidence that over the past year they have been exercising more often (39%). Looking at the year ahead, compared with healthy eating, slightly fewer agree that they aim to be more active, with one fifth (20%) showing a high level of commitment, by saying that they 'strongly agree' that they intend to exercise more; and a just under a quarter of the sample (23%) giving a neutral or negative response.

It seems those in the oldest age group, smokers and those who exercise either hardly at all or not very often are the groups who are more likely to say that they do not intend to exercise more over the coming year; as are those who say that they are not interested in taking part in the points4life programme. These findings further support the need to focus on target groups by publicising the programme in the right settings with an offer that is appropriate, particularly to those who currently have little intention of making healthy lifestyle changes either now or in the future.

**Figure 10: Attitudes and goals on exercise**



Sample size: 1005 respondents

When respondents were asked if they intended to lose weight in the following 12 months, half of respondents (49%) said that they would like to be 'doing exactly as they are now' Over a third (36%) were keen to address it, by saying either that they would like to have started doing this or that they would like to have been doing this 'for at least a few months', findings which are not surprising, given that 40% of respondents are either overweight or obese.

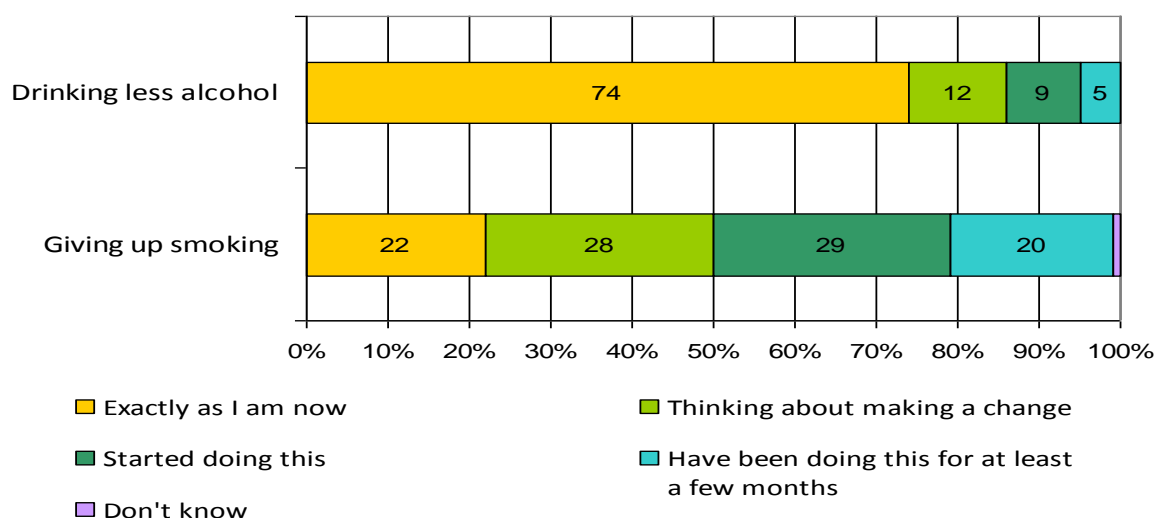
The respondents who are the most likely to want to do 'exactly as they are now' were white males and those who said they were not interested in points4life. Respondents who were more likely to say they wanted to start losing weight or to already be achieving weight loss were women, those with 'fairly' or 'not good' health and those in the overweight or obese weight categories. Furthermore, those who said they were interested in taking part in something like points4life were more also likely to say that they wanted to have achieved some weight loss in 12 months time.

### Giving up smoking and drinking less alcohol

Respondents who currently smoke and drink alcohol were asked about how much they wanted to give up smoking and reduce their alcohol intake in the next 12 months (see Figure 11).

In terms of smoking, about four fifths respondents (77%) said that they would like to be thinking about or actively trying to give up in the next few months, while a fifth (22%) have no plans to give up. This suggests that while awareness of the harm and risks associated with smoking may be high, people are unaware or choosing to ignore the negative effects of excessive drinking.<sup>13</sup> These findings highlight the need for points4life to promote and set goals related to reducing alcohol consumption.

**Figure 11: Giving up smoking and reducing alcohol consumption**

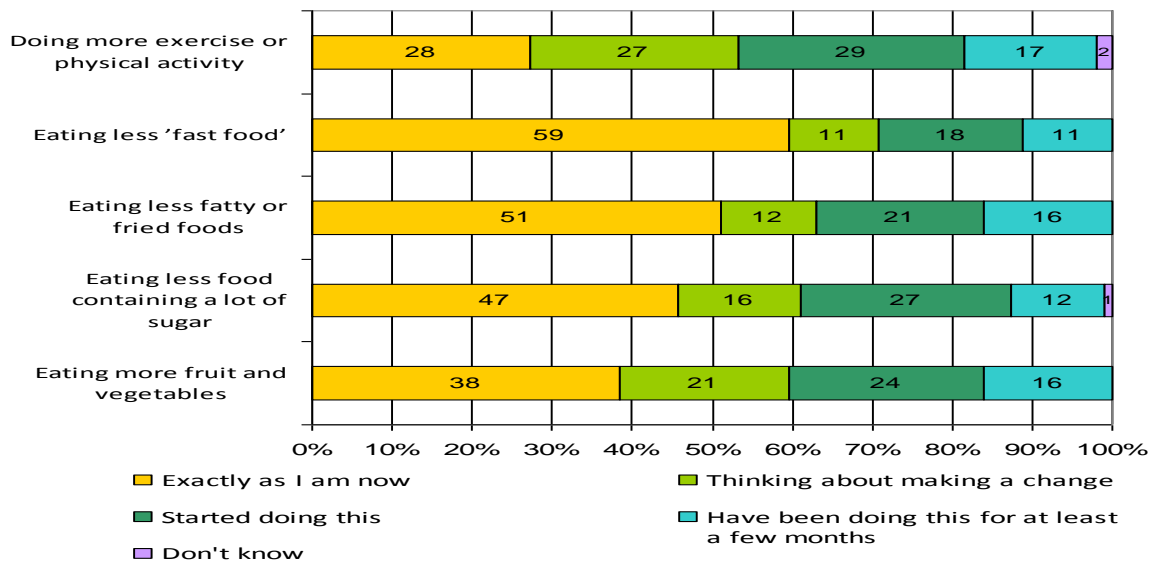


Sample size: Current smokers 317, Current alcohol drinkers 741

## Making lifestyle changes: obese and 'ideal weight' respondents compared

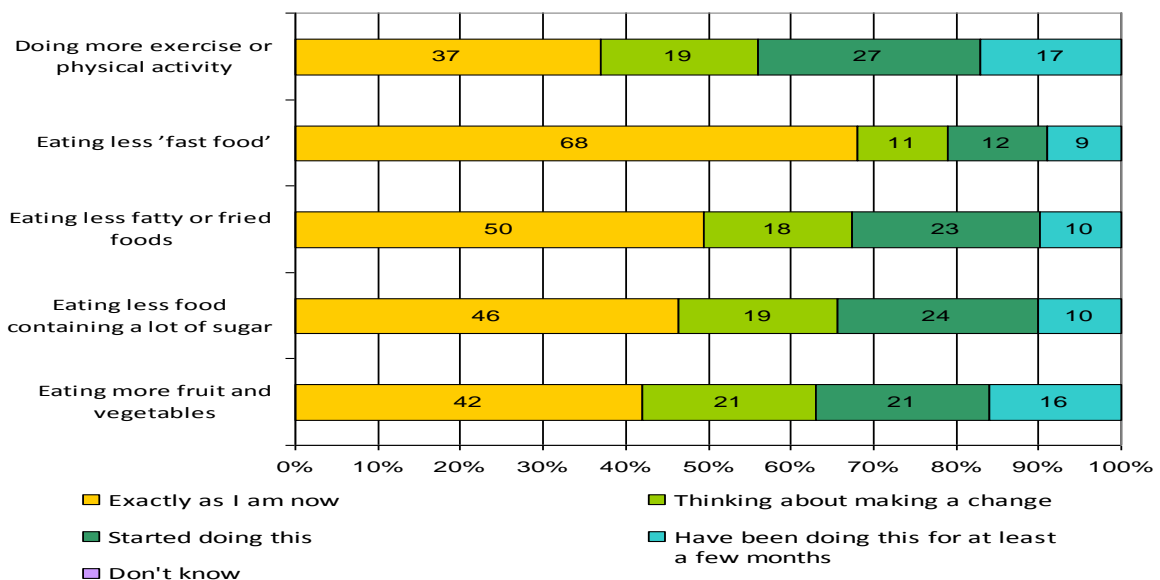
Figure 12 and Figure 13 show the extent to which respondents in the 'obese' and 'ideal weight' categories intend to make the range of lifestyle changes relating to diet, exercise, and smoking and alcohol intake over the next 12 months. Levels of motivation (for reducing unhealthy food types and exercising more) are slightly higher among those in the ideal weight category - reinforcing the importance of points4life targeting and engaging people who are overweight and obese and of promoting messages about the benefits of making healthy lifestyle changes.

**Figure 12: Possible lifestyle changes: obese respondents**



Sample size: 162 respondents

**Figure 13: Possible lifestyle changes: 'ideal weight' respondents**



Sample size: 530 respondents

## Overall messages

- Reflecting on the importance of having **good health** three out of four respondents agreed that *'if you don't have your health you don't have anything'*; while even more (88%) agreed to some extent or more that *'there is nothing more important than good health'*. Those who were more likely to agree with these two statements were older people and the most deprived respondents.
- While respondents recognised that it is important to have a healthy diet and exercise regularly, fewer were able to commit to the **proactive statements** about their efforts to make improvements in these areas over *past 12 months*, and in the *next 12 months*.
- While most respondents wanted to improve their **diet and exercise**, one in three agreed only slightly or disagreed that they planned to make these changes in these areas over the coming 12 months.
- In terms of making healthy behaviour changes **age** is a crucial factor; with those aged 55 or older being significantly more likely than younger respondents to say that they wanted to make no positive changes to their levels of exercise and physical activity, diet and smoking and alcohol consumption.
- While three quarters of respondents (77%) wanted to be thinking about or attempting to give up **smoking**, when asked about **alcohol** consumption almost the same amount (74%) wanted to continue drinking exactly as much as they are now.
- While obese respondents are *more* likely to say that they want to lose weight compared with those in the ideal weight category, they appear to be **less motivated** to do more exercise and to eat more healthy balanced diets. As such, this suggests that people carrying extra weight may be in need of special targeting by points4life to help them feel more motivated to change and raise awareness of how they can achieve their goals.

# 5. Interest in points4life

The previous sections of this report build a detailed picture of Manchester in terms of respondents' levels of health, diet, and physical activity as well as gauging current levels of health literacy and respondents' motivation to make positive changes. Some of the key findings are that:

- One in five respondents (19%) reported doing no exercise or physical activity each week, while two thirds consume less than the recommended five portions of fruit and vegetables each day.
- Looking at the profile of respondents with poor diets and level of exercise, in both instances they were more likely to be among the least well-off and to describe their current level of health as 'not good'. Furthermore there appears to be a direct positive relationship between diet and exercise, for example, those who consume their 'five a day' are more likely to do *some* regular exercise.
- Respondents understand the value and know what is involved in making health lifestyle changes, however, fewer currently have plans to make improvements or have been attempting to do so in the recent past. Looking specifically at obese respondents, while they indicated that they are keener to lose weight they appear to be less inclined to want to do more exercise and eat a healthier, more balanced diet.

Given these findings points4life's overall aim of promoting large scale and long-term positive behaviour changes in the Manchester population seems to be justified, with the survey findings providing compelling evidence about the need to narrow health inequalities by targeting the particular groups who stand to benefit the most from the programme. To achieve these aims it will be vital to promote the programme effectively and develop a 'solution platform' that is sufficiently appealing and accessible. The population survey covers a number of topics that can actively inform the development of the marketing of the programme, including respondents' awareness of health campaigns currently being run in Manchester, how they might like to learn about points4life, testing points4life's basic concept and aims (including any strengths and barriers) as well respondents' use and attitudes towards the use of loyalty cards.

## Awareness of Change4Life

Change4Life is a national social marketing campaign, which aims to combat growing rates of obesity in England by supporting people to make healthy lifestyle changes. While it is publicly funded the aim is for Change4Life to operate like a movement, gradually building momentum and achieving impact as more and more organisations and partners (be they corporate, third sector or public sector) promote the agenda through a mix of events, activities and programmes affiliated with the 'brand.'

Given that points4life is closely associated the branding and philosophy of Change4Life, learning about Manchester residents' knowledge and awareness of the campaign can act as a useful proxy measure for how points4life might be received.

Initially survey respondents were asked to identify any health campaigns or programmes currently being run in Manchester. Unprompted, seven out of ten people (72%) were not able to identify any health campaigns or programmes. Change4Life was the second most commonly identified campaign, mentioned by 5% of the sample (53 people), while in first place was a swine flu campaign which was mentioned by 8% of respondents.

When respondents who did not initially identify Change4Life were prompted by mention of the campaign by name, significantly more (50%) said that they were aware of it. This suggests an arguably superficial awareness of Change4life in Manchester, and that the initiative is certainly not at the forefront of people's minds, an interesting finding given that Change4Life has been fairly well promoted through advertising and social marketing activity in recent months.

In terms of points4life, when respondents were specifically asked if they had heard of it, 5% (or 53 people) said yes. This finding is surprisingly high given that only those directly involved with the programme should have heard of it as it has not been launched. Yet, when shown the points4life logo nearly a third said that they recognised it, suggesting that the intention for points4life to be a sister product of Change4Life and the similarity of the branding material will be beneficial for the marketing and uptake of the programme. Both Change4Life and points4life were more likely to be recognised by respondents who consume their 'five a day', and by young people (aged 16-24). Awareness of Change4Life is also higher among those who exercise regularly. It may be that awareness is higher among these 'health conscious' groups because the two programmes are more in line with their interests, priorities and lifestyles, they may also spend more time in settings where the programmes are advertised or being talked about such as gyms, colleges or other public spaces.

But the above findings also suggest that if people associate points4life with Change4Life it won't necessarily help to reach and engage target audiences such as people who rarely exercise, and it may be beneficial to conduct 'pre-launch' targeted marketing activity with such groups in order to maximise awareness, knowledge and buzz around the programme. At a more general level, points4life will benefit from ensuring that all stakeholders involved in promoting and running the programme continue to publicise it in the months following the launch in order to maintain momentum and interest.

## Interest in points4life

After receiving a brief explanation of points4life respondents were asked if they would be interested in taking part in the initiative. Two thirds (65%) reacted positively, saying that they were either 'very' or 'fairly' interested in the programme. However, about a third of people said that they were 'not very' or 'not at all' interested in taking part.

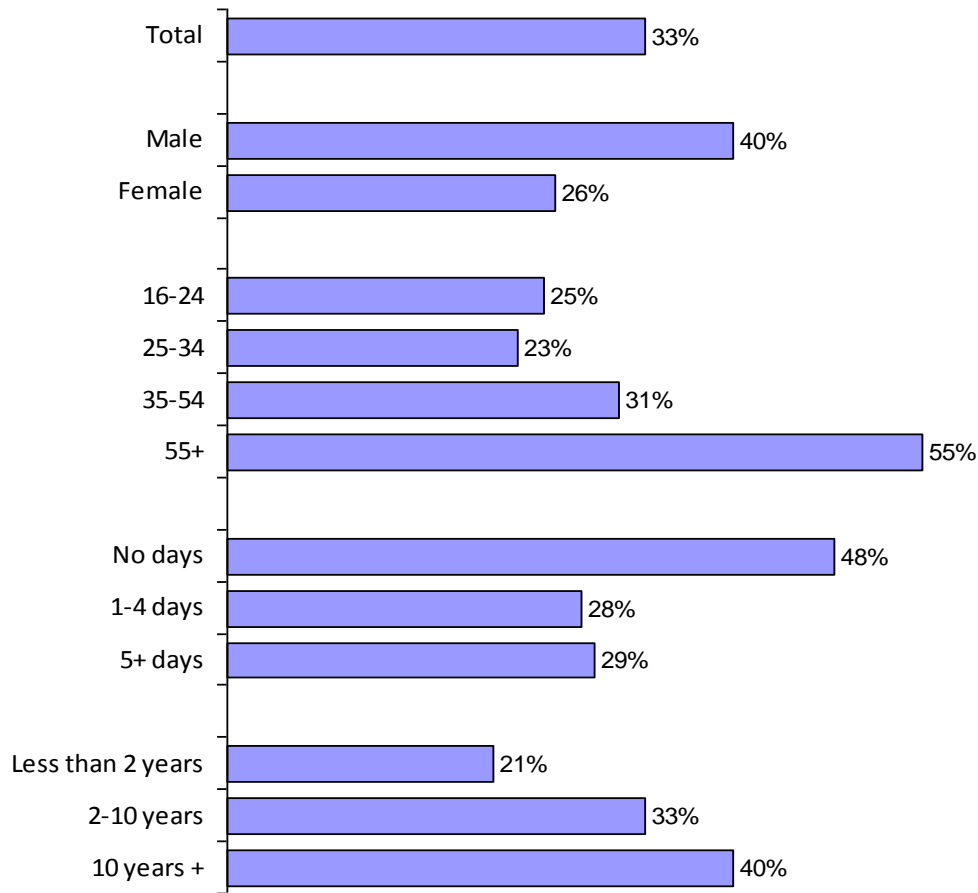
While this result is encouraging, it is less positive compared with the response to points4life during the market research conducted by Aspect Market Research.<sup>14</sup> In this instance 100% of participants expressed an interest in the programme after it was explained to them. However, this was also after participants had been given opportunity to discuss the concept at some length. By comparison, during the survey interview, each respondent received a brief standardised description of the programme read out by the interviewer only; furthermore, points4life as a survey topic was one among many others, rather than the main focus of the research.<sup>15</sup>

The findings do however support evidence from points4life literature review<sup>16</sup> that personalised face to face marketing activity tailored to the needs of particular groups achieves the best outcomes.

Those respondents who expressed an interest in points4life were significantly more likely to be female, to exercise regularly and to have lived in the area for less than two years. They were also more likely to be non-white (74% compared with 62%) – which is an encouraging finding in terms of points4life achieving its core goal of ensuring that residents from black and minority ethnic groups 'will be enrolled at the same or greater level than their corresponding proportion in the overall Manchester population.'<sup>17</sup>

As shown below, those who said they were **not interested** are more likely to be male; 55 years or older; to spend little or no time doing regular exercise; and to have lived in the area for 10 or more years.

**Figure 14: Respondent groups who find the basic concept of points4life unappealing**



Sample size: 332 respondents

These trends underline the challenge that points4life has in terms of trying to shift the attitudes and behaviours of those perceived to have the most inactive lifestyles i.e. those who arguably need it most, and strongly indicates that developing a points4life 'offer' which is appealing and appropriate to older, less active people should be a top priority for the marketing and communications team.

The fact that non-white respondents have a higher level of interest in point4life is an interesting finding and there would be value in exploring why there is a significant difference between ethnic groups in the evaluation's qualitative research workstream.

## What do people value about points4life?

Respondents were asked what they thought would be the good things about a programme like points4life. Without being prompted, the most common response (43%) was that it would 'help them to be healthy'. Interestingly, this benefit of taking part, rather than the value for money from rewards element of the programme, was more likely to be raised by the least well-off people who answered the survey. Those who did identify the nature of rewards as a key benefit (a third of the sample) were more likely to be younger people, those who do regular exercise and those who describe their level of health as 'fairly good.'

These findings suggest that people who already lead healthy lifestyles find the prospect of being rewarded for doing 'more of the same' or extending what they are already doing appealing. There is a risk that the programme reinforces existing social trends in healthy behaviour if solely marketed in this way, with the potential to emphasise and even widen health inequalities in Manchester. This reinforces the need to conduct targeted marketing and piloting of the programme. It also highlights the importance of monitoring who is registering and participating in the programme (drawing from both programme data and informal feedback) and of addressing any shortfalls.

## What might put people off?

Respondents were also asked 'what might put you off joining points4life?' The most common response, selected by close to two fifths was to say 'nothing', while one in ten talked about the time and effort required to participate as a possible barrier. Just under one in ten (7%) felt that a lack of information and awareness of the programme might be a barrier – and this was more likely to be raised by older respondents – again indicating the need to make the points4life 'offer' both appealing and accessible to this group. The fact that no strong messages emerged in response to this question could be taken positively, suggesting that respondents feel that in essence there is little that would be unappealing about joining the programme. In the upcoming qualitative research it will be important to discuss this issue further, where respondents will have more time and space to explore what might make participation in point4life difficult or unappealing.

## Learning about the programme

When asked where and how they would like to learn more about points4life there were some marked demographic differences in terms of respondents' preferred options. This finding is also consistent with other published research which shows that successful outcomes in points4life will depend upon how the programme is marketed to specific population groups in their local contexts.

When shown a list of possible sources for learning about the programme, the internet was the most popular way in which survey respondents would like to learn more about points4life, selected by six out of ten people (60%). This was an option that was more likely to be selected by younger people and by the most well-off respondents. People who exercise frequently and describe their health as 'fairly' or 'very good' were also more likely to select this form of communication. Those who chose the internet are likely to include frequent users, such as students and young professionals, and it is these groups who are likely to be regular visitors to the points4life website when participating in the programme. This trend is also likely to apply to mobile phones – if they become a method for participating in the scheme.

By contrast, a fifth of respondents (21%) said that they had never used the internet and these were more likely to be older residents; those with poor health; those who do little or no exercise and amongst the most deprived residents in Manchester. In terms of mobile phone use, the one in ten respondents (9%) who said they did not own one had the same demographic profile. These findings have important implications for the design of the programme in terms of the choice of methods for registering and taking part in the scheme. The same trend is likely to apply to mobile phone use, where, similar to the internet, the one in ten respondents (9%) who said they did not own one were more likely to be older, to have poor health and to be among the most deprived. These findings have important implications for the design of the programme in terms of the choice of methods in which participants will be able to register and take part in the scheme.

GP surgeries, selected by two fifths of the sample (41%), were more often favoured as an option by older respondents and by those who exercise infrequently. Respondents in the 'obese' weight category and those who describe their health as poor were also more likely to select this option. These trends confirm the value of points4life's 'GP Engagement Plan' which recognises the important role that health professionals and health service settings can play in promoting and encouraging people to become involved in the programme.

This finding is also consistent with previous market research conducted for points4life,<sup>14</sup> which found that the most favoured methods of communication were through local and 'grass roots' methods such as GP surgeries, local press and leaflets through doors, rather than through 'mass media' channels.

Support for GP surgeries as a setting to learn about the programme also compliments the fact that respondents view the health benefits associated with participation as a key priority.

A quarter of respondents (25%) identified supermarkets as a suitable place to find out more about points4life, while one in ten (10%) identified local shops. Both of these options were more likely to be selected by respondents who are less well-off. This supports points4life intention to involve a mix of retailers (in terms of size and type), particularly those used by less well-off shoppers.

Finally, close to a fifth of respondents (16%) felt that leisure and sports centres would be a good place to find out more about points4life. Respondents who selected this option were more likely to be in the youngest age group; to have very good health and to exercise frequently. Therefore advertising the programme in these settings, while effective in raising awareness of the programme, would not necessarily assist points4life in engaging with its main target audiences.

## **Perceptions of loyalty cards**

Respondents were also asked about their use of and attitude towards loyalty cards in general, in order gauge how well a health and wellbeing loyalty card is likely to be received and to inform the points4life communication strategy.

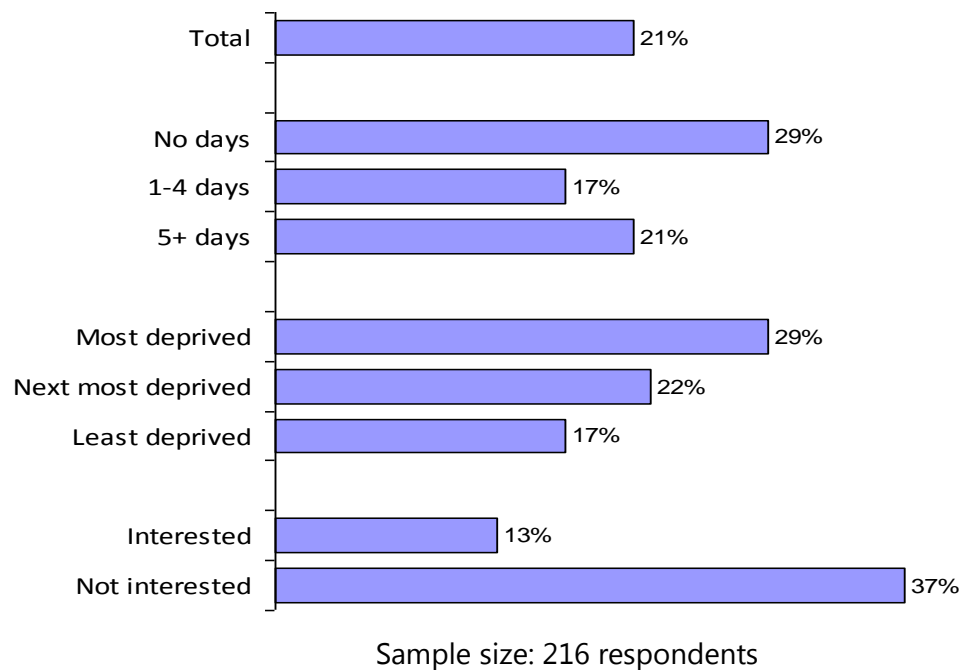
A quarter of respondents reported already owning a loyalty card, while about the same amount (27%) reported owning more than one. Those who own more than one loyalty card were more likely to be financially well-off, to exercise frequently and to express an interest in points4life.

Those who indicated that they 'hadn't got around to signing up for a loyalty card', account for 15% of the sample and have a similar profile to those who already own loyalty cards in that they are more likely to be young, in the 'ideal' weight category and to be among the most financially well-off.

A fifth of respondents (20%) hold a negative view about loyalty cards, stating either that they are 'not keen on the whole idea' (7%) or that they would 'never' use them (13%).

As shown below, respondents who are 'not keen' or would 'never' use loyalty cards are more likely to do little or no exercise; to be among the least well-off and to be not interested in taking part in something like points4life. Looking just at those who said they would 'never use' loyalty cards, they are more likely to be male and in one of the older age groups, particularly the 55+ category.

**Figure 15: Respondent groups who hold a negative view about loyalty cards**



It will be important to engage further with such groups via qualitative research to establish the reasons why respondents hold this position and to explore how their views might be challenged and shifted.

A topic that would be worth exploring would be around the extent to which the use of loyalty cards is linked to one's financial literacy; that is one's ability to make informed judgments and make effective decisions around the use and management of money. It would also be useful to explore why people hold negative attitudes towards loyalty cards, for instance is it that they are considered to be marketing devices which are 'more hassle than they're worth' or is it more lack of knowledge about how they work which leads to hostility towards the concept?

On balance the findings related to marketing and awareness of points4life suggest that achieving large scale participation in the programme is achievable, given that:

- There is broad albeit superficial awareness of Change4Life
- Four of five people either own or are planning to own a loyalty card
- Two thirds are interested in taking part in the programme
- There were few common barriers identified by respondents when they were asked what might put them off joining the programme.

However, it is crucial that design and marketing of points4life genuinely reflect upon and respond to the considerable minority of residents (frequently older, settled in the area and with poor health) in Manchester, who are more likely to find the basic concept of points4life unappealing, hold a negative view about loyalty cards, have a low awareness of the Change4Life campaign and do little exercise each week.

## Overall messages

- points4life stands to benefit from its close association with the **Change4Life** campaign and branding, with half of respondents stating that they recognised the name Change4Life when it was mentioned to them.
- Respondents who perceived themselves to be aware of both Change4Life and points4life are more likely to already be leading a healthy lifestyle. This suggests that marketing and awareness-raising activity directed more towards other **target groups** should be a key priority in the run-up to the launch of the programme.
- The most healthy and well-off respondents found the **rewards-based nature** of points4life most appealing. This suggests that points4life has the potential to widen health inequalities in Manchester if it is marketed solely on this basis.
- Respondents were most likely to say that there was 'nothing' acting as a **barrier** to participating in points4life, a result which is consistent with Section 3.4 where 'no reason' was the most common type of response given by respondents when asked to identify the barriers to leading a healthy lifestyle.
- In terms of the **level of interest** in the programme, two thirds of respondents were 'very' or 'fairly interested' in taking part in something like points4life, however, these were more likely to be people who are already leading a healthy lifestyle, in terms of diet, exercise and not smoking. One in three respondents reacted negatively to points4life by saying that they were either 'not very' or 'not at all' interested, and they were more likely to be male, aged 55 or older and to have lived in the area for ten or more years.
- The survey findings suggest that a **variety of methods** need to be used to promote and allow participation in the programme, given that
  - young, well-off and health conscious respondents favoured the internet as a method for learning about (and potentially participating in) the points4life programme; while
  - those who are less well, older and obese favoured GP's surgeries as a setting in which to learn more about points4life, which supports the planned involvement of health professionals in supporting patients to participate in the programme.
- When asked about **loyalty cards**, four fifths of respondents said that they plan to or already own one.
- Those respondents who own more than one loyalty card were more likely to be well-off, frequent exercisers and to be interested in points4life.
- The fifth of respondents who hold a negative view towards loyalty cards are most likely to be less well-off and do little or no exercise. Further research is needed with people who hold these views to understand how their views might be challenged and shifted to ensure they successfully engage in a loyalty card wellness programme.

# 6. Next steps

The recommendations and opportunities for the programme have been grouped into the two broad themes as set out below.

## Design and implementation

**Offering a range of inclusive activities:** The survey findings suggest that those who do the least exercise may also be the people who find it most difficult to reflect on and modify their behaviour. This means that the programme needs to offer a range of inclusive activities that older and less healthy people can take part in. Building on this, 'entry level' unstructured physical activities will be an important part of the programme, particularly for target groups.

**Ensuring a good mix of merchants:** Given that non white respondents are more likely to use local shops points4life should ensure that there is a good mix and balance of food retailers taking part in the programme so that the full range of different communities and ethnic groups in Manchester are equally encouraged and able to participate in the programme by making healthy purchases.

**Parks and green spaces will important:** The frequent use of and high accessibility of parks and other green spaces (where 91% said that they were 'fairly' or 'very' accessible) suggests that these spaces will have an important role in the programme, particularly for members taking part in 'entry level' unstructured physical activities like as brisk walking.

**The right methods and platforms:** The systems for logging and awarding points must be robust, well tested and user friendly at the point of launching the programme. The programme needs to be able to accommodate and support members who may not have access to the internet or a mobile phone. This particularly important given that a fifth of respondents (21%) have never used the internet, and that the one in ten respondents (9%) said that they did not own a mobile phone. In both instances these respondents one were more likely to be older, to have poor health, to do little or no exercise and to be among the most deprived.

**Setting the appropriate levels and thresholds for receiving rewards:** The dietary information collected by the survey should guide the levels and thresholds for rewarding health purchases. For example the survey findings suggests that salad and vegetables should have a higher points value compared with fruit so that members are more incentivised to eat this type of food regularly.

**Focusing on alcohol:** While most smokers (77% of respondents) said that they would like to be thinking about or actively trying to give up, the survey findings suggest that many people may be choosing to ignore the negative effects of excessive drinking. This means that there would be significant value in points4life actively promoting alcohol reduction and setting goals and incentives related to this.

**Capitalising on good intentions:** There are a number of findings which suggest a readiness to make healthy behaviour changes. For example,

- Young respondents from deprived areas were more likely to say they wanted to be thinking about making improvements to their diets. This suggests that they may well be receptive to the programme's aims around improving diet, providing the benefits of making these changes are made clear and compelling and the goals are felt to be achievable.
- Respondents who said they were interested in taking part in something like points4life were also more likely to say that they wanted to have achieved some weight loss in 12 months time.

## Marketing and awareness

**Understanding and engaging target groups:** The communications and marketing teams need to understand and then empower and support target groups to take control over their health and wellbeing, particularly those who currently have little intention of making healthy lifestyle changes either now or in the future. Changing the way these groups understand how they can control their health by making behaviour changes will be a crucial step towards tackling health inequalities. This recommendation is supported by a number of findings, for example:

- The most deprived and those with a poor level of health are also the most likely to have a poor diet (low in fruit, salad and vegetables and high in fatty, sugary and takeaway 'fast foods').
- Those in the oldest age group, smokers and those who exercise either hardly at all or not very often are the groups who are more likely to say that they do not intend to exercise more over the coming year; as are those who say that they are not interested in taking part in the points4life programme.
- Male respondents are more likely to have a negative view towards loyalty cards; are less likely to eat salad and vegetables and more likely to eat both fatty food and takeaways over a normal week.

**Adopting a multi channel approach:** The survey findings confirm the need to use a mix of settings and approaches to promote the programme. For example, while the internet is the most popular method for learning about the programme for young people, those in good health and the least deprived respondents, GP's surgeries are favoured by older age groups, the least well-off and those who are obese.

**Working with health professionals:** Respondents who had used both the GP and a pharmacist in the last year were more likely to be 55-years-old or over and to have lived in the area for ten years or more, and were more likely to describe their health as 'not good'. The same groups of respondents were also more likely to cite the health benefits of taking part in the programme. These findings support points4lives' intention to work with health professionals to publicise and support participation in the programme – as they are well placed to engage and support the above groups.

**Additional approaches to engaging communities:** Respondents who rated their health as poor, who described their health as not good, smokers and those who do little or no exercise each week were more likely to be dissatisfied with health services. This finding suggests that there would be value in considering additional and complimentary approaches to engaging such groups for instance, by working with social care and the voluntary and community sector.

**points4life's association with Change4Life:** The fact that target audiences appear to have a lower awareness of the national health Change4Life campaign suggests that it won't necessarily help to reach and engage such groups - that is people who rarely exercise. Here it may be beneficial to conduct 'pre-launch' targeted marketing activity with such groups in order to maximise awareness, knowledge and 'buzz' around the programme.

**Focusing on health conscious 'risk aware' residents:** Close to a quarter (23%) of respondents felt that they were more likely to get seriously ill, and they were more likely to be aged 55 or more, and those who described their health as 'not good'. These findings point to a more 'risk aware' respondent demographic group who may be receptive to the health benefits of taking part in points4life.

## Further research

In addition to accentuating important trends and messages that can usefully inform the points4life programme, the survey also draws attention to a number of topics which the upcoming qualitative research should aim to shed more light upon:

- more detail regarding what the public consider the barriers are to making healthy behaviour changes
- deeper understanding of the barriers / reservations to participating in a programme such as points4life.

These were both areas where respondents were not particularly forthcoming during the survey interview. This is not surprising given that our behaviour and lifestyle decisions can be complex pictures that may be difficult to distil into quick and clear responses.

Other issues that would benefit from further qualitative exploration include:

- how well different communities in Manchester receive the concept and aims of points4life
- attitudes and aspirations around making healthy lifestyle changes
- understanding more fully why people have a negative view about loyalty cards

The population survey provides rich and detailed data about the health attitudes and behaviours of Manchester residents which will have a significant value for the points4life programme and for other public health planners focused on the Manchester population. As well as serving as a useful benchmarking tool, which will allow the programme to track trends in the Manchester population following its launch, the survey findings support the case for a programme which is focused on lifting the health and motivation levels of residents and of narrowing health inequalities by targeting people who stand to benefit the most.

Improved health should be highlighted as a key benefit of taking part in the programme given that

- immediate rewards, may be less effective at encouraging long term behaviour change less healthy,
- less well-off people place a higher importance on their on their health and are more likely to cite this as a 'good thing' about getting involved.

It would also be valuable for the programme to consider and highlight the potential quality of life outcomes (such as increased social interaction) that might be achieved through participation in the programme. The direct link between healthy lifestyle and good quality of life highlighted in the survey suggests that points4life has the potential to have a positive influence on both of these areas.

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points4life intends to work with GPs and other health professionals to support and encourage people to learn about and enrol in the scheme – The GP Engagement Plan has been developed to do this.
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- 5 Department of Health (2008) 'Health Survey for England' *The NHS Information Centre*, Available at: [http://www.ic.nhs.uk/webfiles/publications/HSE/HSE08/HSE\\_08\\_Summary\\_of\\_key\\_findings.pdf](http://www.ic.nhs.uk/webfiles/publications/HSE/HSE08/HSE_08_Summary_of_key_findings.pdf)
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